

● PRINTER RUSH ●

(PTO ASSISTANCE)

2nd request

Application : 09/926411 Examiner : Azpuur GAU : 1615
From: J. Black Location: 1DC FMF FDC Date: 6/15/05
Tracking #: 06012951 Week Date: 9/20/04

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM	_____	<input type="checkbox"/> Document Legibility
<input checked="" type="checkbox"/> IJFW	<u>3/3/05</u>	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE:

Per previous query, new index of claims was sent,
but beginning of claims contains two final
claims.

Please resolve.

[XRUSH] RESPONSE: Corrected.

INITIALS: dep

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04

Issue Classification	Application/Control No.	Applicant(s)/Patent under Reexamination
	09/926,411	UENO, RYUJI
Examiner	Art Unit	
Carlos A. Azpuru	1615	

ISSUE CLASSIFICATION

ORIGINAL				CROSS REFERENCE(S)								
CLASS	subclass	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)									
424	423	424	78.04	451	464							
INTERNATIONAL CLASSIFICATION												
A	6	1	F	2/02								
A	6	1	K	31/74								
A	6	1	K	9/20								
A	6	1	K	9/48								
				/								
Assistant Examiner (Date)				CARLOS A. TAPIA RU PRIMARY EXAMINER Carlo.GROB#2600								Total Claims Allowed: 9
John C. (Signature) 3-10-85 (Legal Instruments Examiner) (Date)				(Primary Examiner) (Date)								O.G. Print Claim(s)
												O.G. Print Fig.

Assistant Examiner (Date)

110 // 110

John (John) 5/3/85
Legal Instrument's Examiner (Date)

CARLOS A. AZPURU
PRIMARY EXAMINEE
Carlo G. Azpuru, M.D.

Total Claims Allowed: 9

O G
Print Claim(s)

D.G.
ent Fig.

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	31	61	91	121	151		181
2	32	62	92	122	152		182
3	33	63	93	123	153		183
4	34	64	94	124	154		184
5	35	65	95	125	155		185
X	36	66	96	126	156		186
7	37	67	97	127	157		187
5	38	68	98	128	158		188
6	39	69	99	129	159		189
7	40	70	100	130	160		190
8	41	71	101	131	161		191
9	42	72	102	132	162		192
13	43	73	103	133	163		193
14	44	74	104	134	164		194
15	45	75	105	135	165		195
16	46	76	106	136	166		196
17	47	77	107	137	167		197
18	48	78	108	138	168		198
19	49	79	109	139	169		199
20	50	80	110	140	170		200
21	51	81	111	141	171		201
22	52	82	112	142	172		202
23	53	83	113	143	173		203
24	54	84	114	144	174		204
25	55	85	115	145	175		205
26	56	86	116	146	176		206
27	57	87	117	147	177		207
28	58	88	118	148	178		208
29	59	89	119	149	179		209
30	60	90	120	150	180		210